ARBOR PSYCHOLOGY GROUP

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Arbor Psychology Group ("APG," "we," or "us") is committed to protecting your privacy. APG serves clients at our offices and by telehealth. We are required by law to protect the privacy of your health information, to give you this notice of our legal duties and privacy practices, and to follow the notice currently in effect. "Health information" means information that identifies you and relates to your health, care, or payment for care. The fact that you are an APG client is itself protected.

Key terms

1. **Protected health information (PHI):** information in your health record that identifies you or could be used to identify you.
2. **Treatment:** when APG provides, coordinates, or manages your health care and related services, for example when we consult with another health care provider, such as your family physician or another psychologist, with your authorization as described below.
3. **Payment:** when APG obtains reimbursement for your health care, for example when we disclose information to your health insurer to obtain payment or to determine your eligibility or coverage.
4. **Health care operations:** activities related to running the practice, for example quality assessment and improvement, business matters such as audits and administrative services, and case management and care coordination.
5. **Use:** activities within APG, such as sharing, applying, examining, and analyzing information that identifies you.
6. **Disclosure:** activities outside APG, such as releasing, transferring, or providing access to information about you to other parties.
7. **Authorization:** your written permission, above and beyond the general consent in APG's Consent for Services, that permits only the specific disclosures it describes.

APG may use and disclose your health information for treatment, payment, and health care operations with your consent, which you give when you sign APG's Consent for Services.

When Michigan law gives you more protection than federal law, such as the psychologist-patient privilege and Michigan's mental health confidentiality laws, we follow the more protective law. Where more stringent state or federal law governs your health information, APG will follow the more stringent law.

Your Rights

To use any of these rights, contact our office or the HIPAA Privacy Officer using the information at the end of this notice. Your rights are explained below. We may ask you to put your request in writing and will help you do so. We will not ask why you want a copy of your records or how you prefer to be contacted.

Get a copy of your records

- You can see or get an electronic or paper copy of your records. We will provide it, or a summary if you agree, within 30 days of your request, usually sooner. APG does not charge you for copies of your own records.
- You can ask us to send a copy to another person or provider you choose, in writing.
- Psychotherapy notes kept separately from your record, and information prepared for a legal proceeding, are not included. In rare cases we may deny access to part of your record, for example if a licensed clinician believes access is reasonably likely to endanger your life or physical safety or someone else's. We will explain the denial in writing, and in most cases you can ask for it to be reviewed by another licensed APG clinician.

Ask us to correct your records

- You can ask us to correct or add to information you believe is incorrect or incomplete. We may ask you to make your request in writing and to give a reason for the request. We will respond within 60 days. If we say no, we will explain why in writing, and you may submit a statement of disagreement to be included with your record.

Request confidential communications

- You can ask us to contact you in a specific way, for example only on your cell phone, by email, at a different address, or with no voicemails. We will say yes to all reasonable requests and will not ask why.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations, or not to share it with certain family members or friends, by stating the specific restriction you want and to whom it applies. We are not required to agree, but if we do, we will follow the limit except in an emergency.
- If you pay for a service in full out of pocket, you can ask us not to share information about that service with your health insurer for payment or operations. We will say yes unless a law requires us to share it.

Get a list of those with whom we've shared information

- You can ask for a list, called an accounting, of the times we've shared your health information in the six years before your request, who we shared it with, and why. The list does not include sharing for treatment, payment, or operations, sharing you authorized, and certain other disclosures. We provide this list free of charge.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can use your rights and make choices about your health information. We will confirm the person has this authority before we act.
- Parents and guardians generally act for minor children. Under Michigan law, a minor 14 or older may consent to some outpatient mental health services on their own, and information

about those services is generally not shared with parents without the minor's permission, except as the law allows.

File a complaint if you feel your rights are violated

- You can complain to APG's HIPAA Privacy Officer using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/complaints.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. Tell us what you want, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care or payment for your care. If you are not able to tell us your preference, for example in an emergency, we may share information if we believe it is in your best interest.
- Contact you with appointment reminders, by the method you choose.

We never: sell your information, use or share it for marketing, or contact you for fundraising, under any circumstances.

Our Uses and Disclosures

How we typically use or share your health information

- **To treat you.** We use your health information within APG to provide your care, for example when your clinician consults with another APG clinician or supervisor. We generally ask for your written permission before sharing information with providers outside APG, such as your primary care doctor or psychiatrist, except in an emergency.
- **To bill for your services.** We share information with your health insurer or others responsible for payment, for example to confirm coverage and get paid for your sessions.
- **To run our practice.** We use information to run APG, improve care, train clinicians, and contact you, for example for quality reviews, audits, and appointment reminders.
- **With our business associates.** We share information with companies that perform services for us, such as our electronic health record, email, and IT providers, only under written agreements requiring them to protect it.

Uses and disclosures that require your written authorization

- Most uses and sharing of psychotherapy notes, which are notes a clinician may keep, separate from the rest of your record, about the conversation during a private, group, joint, or family psychotherapy session.
- Releasing psychological assessment results and treatment plans to anyone outside APG, such as a school or another provider, except for payment or as otherwise described in this notice.

- Sharing with schools, employers, attorneys, life or disability insurers, and others not described in this notice. APG will obtain your authorization before using or sharing your information in any way not described in this notice.
- Marketing and the sale of your information (APG does neither).

You may revoke an authorization at any time in writing, except to the extent we have already relied on it, or if it was a condition of obtaining insurance and the law gives the insurer the right to contest a claim.

How else we may use or share your health information

We are allowed or required to share your information in other ways without your authorization or an opportunity to object, usually to contribute to public safety or to comply with the law. These disclosures are allowed under 45 CFR 164.512 of the HIPAA Privacy Rule and Michigan's confidentiality laws. We share only what is needed, must meet many conditions in the law first, and in most cases these disclosures are rare at APG and are made only with the HIPAA Privacy Officer's approval.

To help with public health and safety

- **Child abuse or neglect.** If there is reasonable cause to suspect child abuse or neglect, APG clinicians must report it to the Michigan Department of Health and Human Services, as required by law.
- **Adult abuse, neglect, and domestic violence.** APG clinicians must report suspected abuse, neglect, or exploitation of a vulnerable adult, and may report abuse, neglect, or domestic violence to the appropriate authorities when the law requires or permits it.
- **Serious threats to health or safety.** If you communicate a threat of physical violence against a reasonably identifiable person and appear to have the intent and ability to carry it out in the foreseeable future, Michigan law requires your clinician to take protective action, which may include warning that person and notifying the police. If we believe there is an imminent risk that you will seriously harm yourself, we may share information with the proper authorities or others to protect you. We may also share information to prevent or lessen any other serious and imminent threat to health or safety.
- **Public health.** For public health activities such as preventing or controlling the spread of disease, helping with product recalls, and reporting adverse reactions to medications or problems with FDA-regulated products.

To comply with the law, law enforcement, and other government requests

- **Required by law.** When federal, state, or local law requires it.
- **Secretary of Health and Human Services.** We may be required to share information with the U.S. Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Rule.
- **Health oversight.** For audits, investigations, inspections, and licensing activities by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws. For example, if APG receives a subpoena or other lawful request from the Michigan Department of Licensing and Regulatory Affairs or the Michigan Board of Psychology, APG must disclose the relevant information.
- **Judicial and administrative proceedings.** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records of it, that information is privileged under Michigan law, and APG will not release it in response to a

subpoena alone without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.

- **Law enforcement.** For limited law enforcement purposes permitted by law, such as complying with a court order, warrant, or similar legal process, helping locate or identify a suspect, fugitive, material witness, or missing person, or reporting information about a victim of a crime. APG shares information with law enforcement only when required by law, to prevent a serious threat, or as otherwise permitted by law and approved by APG's HIPAA Privacy Officer.
- **Specialized government functions.** For military and veterans' activities, such as determining fitness for military duty or eligibility for VA benefits; for national security, intelligence, and counterintelligence activities; for protective services for the President, other authorized persons, or foreign heads of state; and for determining your own security clearance, as authorized by law.
- **Workers' compensation.** As authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- **Correctional institutions.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, to the institution or official, for health and safety purposes, when the information was created or received by APG in the course of providing your care.

To respond to other requests

- **Coroners, medical examiners, and funeral directors.** So they can carry out their legally authorized duties.
- **Organ and tissue donation.** With organ procurement organizations, for organ, eye, or tissue donation or transplantation.
- **Research.** For research approved by an institutional review board or privacy board under the conditions set by law. APG does not currently conduct research using client information.

Substance use disorder treatment records

APG is not a substance use disorder treatment program. If we receive substance use disorder treatment records about you from a program covered by federal law (42 CFR Part 2), those records have extra protection:

- In all cases, including those listed in this notice, to the extent we have your substance use disorder patient records subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.
- If we share Part 2 records with your consent, the recipient may be able to share them again, and the information may then no longer be protected by federal privacy law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.
- Where more stringent state or federal law governs your health information, we will follow the more stringent law.

Changes to This Notice

APG reserves the right to change the terms of this notice, and the changes will apply to all health information APG has collected and maintains about you. If we make changes, you may get a copy of the revised notice by asking APG, using the contact information below, or on our website. The current notice is posted at each APG office and on our website, www.arborpsychology.org, and is available on request.

Contact Us

HIPAA Privacy Officer	Michael Bambery, PhD
Address	Arbor Psychology Group, 44450 Pinetree Dr., Suite 101, Plymouth, Michigan 48170
Phone / Fax	734-738-0897 (phone); 734-738-0898 (fax)
Website	www.arborpsychology.org

Effective date: November 15, 2026. This notice replaces the notice effective January 1, 2023.